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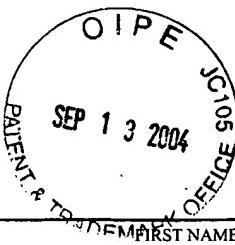
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7590 08/23/2004

Alan J Grant Esq
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6 Becker Farm Road
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09/15/2004 RMEBRAH1 00000068 030678 09653755

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ALAN J. GRANT	(Depositor's name)
<i>Alan J. Grant</i>	(Signature)
9/9/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09653,755	09/01/2000	Dominic Eisinger	724650-3	6702

TITLE OF INVENTION: RECOMBINANT MONOClonAL ANTIBODY TO PHOSPHOTyROSINE-CONTAINING PROTEINS

09/14/2004 BABRAHA2 00000044 09653755

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	11/23/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
CHEU, CHANGHWA J		1641	435-007100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Elliot M. Olstein
2 Alan J. Grant
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Upstate Biotechnology, Inc.

Lake Placid, New York

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 12

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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-0678 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is not claiming SMALL ENTITY status. Sec, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

Alan J. Grant

(Date)

9/9/04

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